DEPART	IMENT OF HEALTH	AND HUMAN SERVICES 4	sm de		FORM A	03/15/2018 APPROVED 0938-0391
CENTE	RS FOR MEDICARE		-98-15	8 / 5-25-10	(X3) DATE	
STATEMENT AND PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		E CONSTRUCTION		PLETED
POC	#	445112	B. WING	TREET ADDRESS, CITY, STATE, ZIP CODE	03/1	4/2018
NAME OF F	PROVIDER OR SUPPLIER			29 MURFREESBORO RD		:4
TREVEC	CA CENTER FOR RE	HABILITATION AND HEALING LL	<u> </u>	ASHVILLE, TN 37210		
(X4) ID PREFIX TAG	JEACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROF DEPICIENCY)	DBE I	(X5) COMPLETION DATE
F 000	INITIAL COMMENT	rs	F 000			
F 725 SS=D	to 3/14/18 at Trever and Healing, LLC. It related to the comp Deficiencies were of survey under 42 CF for Long Term Care Sufficient Nursing SCFR(s): 483.35(a) (1) §483.35(a) Sufficient The facility must hat the appropriate comprovide nursing and resident safety and practicable physical well-being of each resident assessment and considering the diagnoses of the factordance with the at §483.70(e). §483.35(a)(1) The factordance with the at §483.70(e). §483.35(a)(1) The factordance with the at §483.70(e).	to were completed on 3/12/18 oca Center for Rehabilitation No deficiencies were cited plaint investigation. Sited for the recertification of RPART 483, Requirements of Facilities. Staff 1)(2) Int Staff. Int Staff. Int Staff. Int exe sufficient nursing staff with inpetencies and skills sets to defend the related services to assure attain or maintain the highest I, mental, and psychosocial resident, as determined by ints and individual plans of care in number, acuity and cility's resident population in a facility assessment required facility must provide services for each of the following on a 24-hour basis to provide residents in accordance with the sived under paragraph (e) of the defenders; and the services and the services of each of the following of the services of each of the following of the services of each of the following on a 24-hour basis to provide residents in accordance with the services and the services and the services and the services of the following of the		F725 Staffing patterns and job responsible for 5th floor CNAs were reviewed. review of staffing there were 2 LPN CNAs on the 7pm-11pm shift white 9.33:1 ratio. Reviewed the tech care plans; Reside were interviewed to determine the they prefer to be assisted to bed to time management and availably of during this time. All times have be added to the tech care plan and assignment sheet. (See attached exact Attachment #1) In-services began change 03/20/18 thru 03/31/18. (see attached in-service — Attachment #1 Reviewed CNAs' process on show management and call light coverage revised the process which now incitat each CNA will notify the charwhen a shower is being given. The service also includes each CNA asseach other with call lights. In-service ach other with call lights. In-service and on 03/20/18 thru 03/31/18. attached in-service — Attachment is Continue on TILE	In Is and 4 ch is a dents time ensure staff een cample – on this ee #2) er time ge; ludes ge nurse e in- sisting rices (See #3)	4-10-2018 (X6) DATE
LABORATORY	DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGI	VATURE	TITLE	3.28	-
1	omila S K	sishos	Hair	tion may be excused from correcting providi		

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT AND PLAN (OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:		TIPLE CONSTRUCTION NG		PLETED
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F 725	by: Based on review of and interview, the is sufficient staffing to practicable physical well-being of each (5th) of 4 floors review of the revealed 4 Certifiers scheduled for the 56 residents on the Medical record review of the Glims) score of 15 required total 1 per Interview with Resident's revealed "they are lighttakes 40-45 hold it and wet myst Medical record review at 1/4/18 revealed 1/4/4/48 revealed 1/4/4/48 revealed 1/4/4/48 revealed 1/4/4/48 revealed 1/4/4/48 revealed 1/4/4	of duty. NT is not met as evidenced of the facility staffing schedules facility failed to provide a attain or maintain the highest al, mental and psychosocial resident on 3/11/18 for 1 floor riewed. The facility staffing for 3/11/18 do Nurse Aides (CNAs) were 7:00 PM to 11:00 PM shift with a 5th floor. The facility staffing for 3/11/18 do Nurse Aides (CNAs) were 7:00 PM to 11:00 PM shift with a 5th floor. The facility staffing for 3/11/18 do Nurse Aides (CNAs) were 7:00 PM to 11:00 PM shift with a 5th floor. The facility staffing for 3/11/18 do Nurse Aides (CNAs) were 7:00 PM to 11:00 PM shift with a 5th floor. The facility staffing for 3/11/18 do Nurse Aides (CNAs) were 7:00 PM to 11:00 PM shift with a 5th floor. The facility staffing for 3/11/18 do Nurse Aides (CNAs) were 7:00 PM to 11:00 PM shift with a 5th floor. The facility staffing for 3/11/18 do Nurse Aides (CNAs) were 7:00 PM to 11:00 PM shift with a 5th floor. The facility staffing for 3/11/18 do Nurse Aides (CNAs) were 7:00 PM to 11:00 PM shift with a 5th floor. The facility staffing for 3/11/18 do Nurse Aides (CNAs) were 7:00 PM to 11:00 PM shift with a 5th floor.	F 7:	Follow up staff interviews are conducted to ensure the abowill assist in making their roassignment more consistent manageable. At time of POC interviews reveal 11 of 11 5th members answered "yes" to changes assisting in making and assignment more consist manageable. Interviews begathru 03/31/18. (See attached Questionnaire with summar Attachment #4) A resident council meeting conducted 03/23/18 to assist other residents that may be ensure the residents are in a the systematic changes in ensufficient nursing staff are at their care. (See attached Co-Attachment #5) The Director of Nursing and Management Team will con unannounced individual resinterviews and rounds begin to assist in identifying other may be affected and ensure The interviews will continuously be reported by the Director Nursing to the QAPI Computer Schemeting April 10, 2018.	ve changes utine and and and c submission, n floor staff the systematic their routine stent and an on 03/21/18 d y results – was a in identifying affected and greement with suring vailable for uncil minutes d the Nurse duct sident aning 03/22/18 residents that compliance e weekly and ctor of nittee	

DEPARTMENT OF HEALTH AND HUMAN SERVICES RS FOR MEDICARE & MEDICAID SERVICES

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F 725 Inda to wait and was put to bed between 10:00 PM - 11:00 PM Medical record review revealed Resident #5 was admitted to the facility on 3/20/15 and readmitted on 2/20/18 with diagnoses including Chronic Obstructive Pulmonary Disease, Rheumatoid Arthritis, Spinal Stenosis, Contracture of unspecified Ankle and Hand, Major Depressive Disorder and Anxiely. Medical record review revealed Resident #5 had a BIMS score of 13 (cognitively intact). The resident needed extensive assist with 1 person for bed mobility, total dependent with 2 persons for transfer. Interview with Resident #5 on 3/12/18 at 2:48 PM in the resident's room revealed "last night I did not get to bed until 11:00 PM and was told by the tech (CNA) she had many other people that needed same care I didI normally get to bed 9:00 PM-9:30 PM" Interview with CNA #3 on 3/14/18 at 6:00 PM on the 5th floor revealed they had 4 CNAs on each shift for the week-end. Further interview revealed if they are giving showers or taking care of other residents then the residents had to wait until they are finished to get care. Interview with CNA #2 on 3/14/18 at 5:45 PM on the 5th floor revealed she worked this past week-end and they had 4 CNAs on the floor for the 7:00 PM - 11:00 PM shift. Further interview revealed if they are giving showers or taking care of other residents then the residents had to wait until they are finished to get care. Interview with CNA #2 on 3/14/18 at 5:45 PM on the 5th floor revealed she worked this past week-end and they had 4 CNAs on the floor for the 7:00 PM - 11:00 PM shift. Further interview revealed if they are giving and the floor revealed she worked this past week-end and they had 4 CNAs on the floor for the 7:00 PM - 11:00 PM shift. Further interview revealed the floor revealed she worked this past week-end and they had 4 CNAs on the floor for the 7:00 PM - 11:00 PM shift. Further interview revealed the floor revealed she worked this past week-end and they had 4 CNAs on the floor for the 7:00 PM - 11:00 PM shif	(X4) ID PREFIX	SUMMARY STA	TEMENT OF DEFICIENCIES	ID PREFIX	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP	D BE COMPLETION
I had to wait and was put to bed between 10:00 PM - 11:00 PM" Medical record review revealed Resident #5 was admitted to the facility on 3/20/15 and readmitted on 2/20/18 with diagnoses including Chronic Obstructive Pulmonary Disease, Rheumatoid Arthritis, Spinal Stenosis, Contracture of unspecified Ankle and Hand, Major Depressive Disorder and Anxiety. Medical record review revealed Resident #5 had a BIMS score of 13 (cognitively intact). The resident needed extensive assist with 1 person for bed mobility, total dependent with 2 persons for transfer. Interview with Resident #5 on 3/12/18 at 2:48 PM in the resident's room revealed "last night I did not get to bed until 11:00 PM and was told by the tech (CNA) she had many other people that needed same care I didI normally get to bed 9:00 PM-9:30 PM" Interview with CNA #3 on 3/14/18 at 6:00 PM on the 5th floor revealed they had 4 CNAs on each shift for the week-end. Further interview revealed if they are giving showers or taking care of other residents then the residents had to wait until they are finished to get care. Interview with CNA #2 on 3/14/18 at 5:45 PM on the 5th floor revealed she worked this past week-end and they had 4 CNAs on the floor for the 7:00 PM -11:00 PM shift. Further interview revealed on 3/11/16 on the 7:00 PM-11:00 PM shift. Further interview revealed on 3/11/16 on the 7:00 PM-11:00 PM shift. Evither its 45 had to wait 45 minutes to be put to bed because CNA #2 and another CNA were easisting 2 other residents at the time and					Continued from	n page 2
assisting 2 other residents at the time and	F 725	I had to wait and way PM - 11:00 PM" Medical record reviadmitted to the facion 2/20/18 with diagobstructive Pulmor Arthritis, Spinal Steunspecified Ankle a Disorder and Anxie Medical record revia BIMS score of 13 resident needed exfor bed mobility, tot for transfer. Interview with Resident the resident's roon to get to bed until tech (CNA) she had needed same care 9:00 PM-9:30 PM Interview with CNA the 5th floor revealed shift for the weeker if they are giving shresidents then the rare finished to get of the standard they the 7:00 PM -11:00 revealed on 3/11/16 shift Resident #5 had because CN and the standard they the decause CN and the standard they the standard they the decause CN and the standard they the standard they the standard they the standard they the fill the standard they they are given the fill th	ew revealed Resident #5 was lity on 3/20/15 and readmitted gnoses including Chronic nary Disease, Rheumatoid nosis, Contracture of and Hand, Major Depressive by. ew revealed Resident #5 had (cognitively intact). The tensive assist with 1 person al dependent with 2 persons dent #5 on 3/12/18 at 2:48 PM om revealed "last night I did 11:00 PM and was told by the d many other people that I didI normally get to bed "" #3 on 3/14/18 at 6:00 PM on ed they had 4 CNAs on each now revealed to wait until they care. #2 on 3/14/18 at 5:45 PM on ed she worked this past had 4 CNAs on the floor for PM shift. Further interview on the 7:00 PM-11:00 PM and to wait 45 minutes to be put IA#2 and another CNA were		The Director of Nursing will conting reporting for two additional month After three months of reporting, the QAPI Committee will determine the reporting frequency thereafter. (Seattached sample interview – Attachem 186) The Director of Nursing and Administrator will conduct addition Resident Council Meetings beginn: 03/23/18 to ensure compliance. The Council Meetings will continue Seamonthly and will be reported by the Director of Nursing to the QAPI Committee beginning with the next scheduled meeting April 10, 2018. Director of Nursing will continue reporting for two additional month After three months of reporting, the QAPI Committee will determine the reporting frequency thereafter. (Attachment #5) The Director of Nursing and the Nanagement Team will conduct castudies beginning 03/19/18 to ensure compliance. The studies will continue reporting for two additional month weekly and will be reported by the Director of Nursing to the QAPI Committee beginning with the next scheduled meeting April 10, 2018. Director of Nursing will continue reporting for two additional months.	nue ns. e ne ne ne ne ne ne ne ne ne ni nal ing ne mi- ne it The is. ne ne furse all light nre nue tt The
		assisting 2 other re	sidents at the time and			

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1	E CONSTRUCTION (X3	OMPLETED
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				Continued from pag	ge 3
F 725	couldn't put her to be Continued interview to wait 45 minutes to failed to provide ad	ped as she requested. It confirmed Resident #5 had to be put to bed and the facility equate staffing to meet the	F 725		20
F 921 SS=D	CFR(s): 483.90(i) 8483.90(i) Other Er	nitary/Comfortable Environ nvironmental Conditions ovide a safe, functional,	F 921	The fan was immediately removed from the patient's room. Reviewed cleaning schedules for The f	
	sanitary, and comforesidents, staff and This REQUIREMED by: Based on facility protections the facility protections.	ortable environment for		was immediately removed from the patient's room. Reviewed cleaning schedules for Housekeeping. Schedules have been updated to now include thoroughly inspecting and cleaning fans as needed each week (See attached cleaning schedules) attachment # 8) In-Services began 03/19/18 thru 03/22	dule
	Standard Precaution revealed "Environmentalequitouched surfaces a	by policy "Infection Control ons" effective date 11/1/07 of mental ControlEnsure that ipment and other frequently re appropriately cleaned"		(See attached In-Service – Attachment The Housekeeping Manager and/or Administrator will monitor fans for 2 weeks beginning 03/26/18 to ensure compliance. The Housekeeping Mana will report to the QAPI Committee monthly beginning with the next	ager
	Resident # 5 revea side table in operat resident seated in p observation reveale accumulation of ha	led a table top fan on the bed ion and directed at the bower wheelchair. Further led the fan grate had a heavy		scheduled meeting April 10, 2018. Th Housekeeping Manager will continue reporting for two additional months. After three months of reporting, the C Committee will determine the reporti frequency thereafter.	QAPI
	3/12/18 at 3:19 PM	in Resident #5's room was dirty" and was directed		Compliance 4/10/18	

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT	OF DEFICIENCIES CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MUL A, BUILD	TIPLE CONSTRUCTION	COI (X3) DA	TE SURVEY MPLETED
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March 28, 2018

Donna Smith, PHRRPM Regional Administrator MTRO Health Care Facilities 665 Mainstream Drive 2nd Floor Nashville, TN 37243

Ms. Smith,

Please find plan of correction for Health and Life Safety Survey conducted March 12-14. Please feel free to contact me if you have any questions.

Respectfully,

Pamela Bishop RNC, LNHA

Administrator

Trevecca Center for Health and Rehabilitation

615-808-1122

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portive Device Orders in ECS if needed	Changes x 7 days	SPECIAL REQUESTS: early a.m. get up/bed 7:30 pm. may wear briefs in the bed
View entire Restraint/Restraint Alternative and Supportive Device Orders in ECS if needed	Bathing/Protection/Other	Nursing to encourage elevation of heels on pillows while in bed SPECIAL INSTRUCTIONS FOR BATHING: USE personal soap/body wash for bathing SPECIAL INSTRUCTIONS FOR BATHING: no preference for duration Shower: M, W, F 11-7 M, W, F 11-7 Bed Bath: T, TH, S 11-7 T, TH, S 11-7
	Restraints/Supp-Pos./SR	SIDERAILS: Left and Right 1/4 Rail at HOB RESTRAINT ALTERNATIVE: (B) rear anti tippers on wheelchair SUPPORTIVE/POSITIONING DEVICE: when in wheelchair
	Transfer/Precaution/Restric. PT	RESIDENT TRANSFER INSTRUCTIONS: Requires one to two aide assist for transfers, Stand up lift w/verbal cues to stand on L LE SPECIAL INSTRUCTIONS FOR BATHING: Use personal soap/body wash for bathing SPECIAL INSTRUCTIONS FOR BATHING: no preference for duration
TECH ASSIGN	Name Room	1# +1107/1/270HH

TECH CARE PLAN NAM

NAME:





RESTRAINTS/SUPPORTIVE DEVICE: (View entire order in ECS)

RESTRAINT ALTERNATIVE: (B) rear anti tippers on wheelchair SUPPORTIVE/POSITIONING DEVICE: when in wheelchair

主流,是主流的影响。这些流程		
	LAUNDRY:	OXYGEN REQUIREMENTS: (Will only print if ordered)
	Facility	
TRANSFERS/MOBILITY:	Requires one to two aide assist for	
RESIDENT TRANSFER INSTRUCTIONS:	transfers, Stand up lift w/verbal cues	DATING PREEEDENCE:
THE THOUSAND TO THE	to stand on L LE	BATHING PREFERENCE: Shower: M, W, F 11-7
AMBULATION:	Nonambulatory	
MOBILITY:	Wheelchair Footrest used for safety	Bed Bath: T, TH, S 11-7
ADDRESS INCOME.	Footrest used for transportation See picture/diagram for placement of	BATHING SPECIAL INSTRUCTIONS:
SPECIAL INSTRUCTIONS:	stump shrinker	Use personal soap/body wash for bathing
	Statis Similar	no preference for duration
		PREVENTATIVE/PROTECTION:
PREFERENCE OF MEAL LO	OCATION/TIMES:	
B Dinning Room / 7:05am		
L Dinning Room / 11:30am		
S Dinning Room / 5:10pm	W. W	
DIET/SUPPLEMENTS/FLUII	D RESTRICTION:	Encourage use of: ROHO Cushion when oob in w/c
DIET: - NCS Double eggs @ brkfst	VEG x 2 @ L & D	Monitor, Turn and Reposition q 2 hours for pressure reduction.
		Nursing to encourage elevation of heels on pillows while in bed
		Dycem in: Wheelchair
1		
SWALLOWING RECOMME	NDATIONS:	SPECIAL REQUESTS:
		early a.m. get up, bed 7:30 pm-8:00 pm, may wear briefs in the bed
la de la companya de		learly d.m. got up noor noop in
COMMUNICATION DECOME	MENDATIONS:	4
COMMNICATION RECOMM	RENDATIONS.	
		11.11
		bingo, religious activities, community outings, evening activities,
FOOD ALLERGIES:		exercise, and entertainment
		TARGETED BEHAVIORS/REDIRECTION TECH:
ELIMINATION:		
TOILETING SCHEDULE: PROMPTE	ED TOILETING	
VISION/HEARING/DENTAL:		1
Vision: Vision adequate	prior to admission Wears glasses	1
THE STATE OF THE S		
Hearing HEARING: No problems	hearing	

Upper dentures Lower dentures both

Teeth TEETH:

SUMMARY REPORT OF MEETING

Trevecca Health Care Center

	Committee Othe	r:	
Type of Meeting: Inservice	Department Committee Othe Stockeni & Stockeni & Date: 8/2	20/18 Tim	ie:
	Film	Has	neout
Method of Presentation: Lectur		0	- <0/2
BOOD PLETELLECT 135	ted inside the resident times are now prost box on the Care straight fines, bet up times, care according to the Care is provided bed that request shows	sponser	Schedules.
Participante	Summary and Conclusion:		
	Attendance Record	- warmari	E .
YOU MUST PRINT YO	UR FIRST AND LAST NAME FOR CREDI	T OF INSERVICE	E:
100 17.00			Shift
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Affachment #3

SUMMARY REPORT OF MEETING

Trevecca Health Care Center

Method of Presentation: Lecture Subject(s) Covered: Techs who are provide and the techs who at the time so	ling shower Care Mu are not providing they can answer t residents. All s	Hat his	need	E C navoca
rai cicipatio	Summary and Conclusion:			
	Attendance Record			
	UR FIRST AND LAST NAME FOR CRED	IT OF INSERVH	CE:	
YOU MUST PRINT YOU	JR FIRST AND DET THE Name	Title		
PRINTED First and Last Name	SIGNED First and Last Name	CVI	7-3	
Il leagan Jones	Deliver Donlar	PNT	7-55	
1010 / a Grander	De 100 Marchine	CNA	-125	
Charteel Nurtuispir	THE HIGH TOURS	1/01	-17-4	
Ashley Italian	Tarkarty Tillaco	CNT	- 3-11	
terniter Lillary	Mary Wandenake	1001	- 30-30	
Faral Winder	1810	1900	170-30	
Caro Collinger	Mhul	COA	ーカマ)
1	X	COLOR	190110	
I AM AUT IS COULD	Joney My	1 1	74.	
Manus Mary	111101000 1018	IPM	- 14H - 71	
Mentoya Jantena	of the Bason	RN.	70-79	
Chash Rossom	1 10	CAH	10-70	
Alexis me Elmura	Thy Many	CNA	-6-7A	-
MARIE LUTCHMON	Mary discle	CNA	1/p-7c	+
Kinesia Stewart	Bamar John	RESTORTIVE		1
Mamora Johnson		OUT	7P-5	
Jimeka Humphrics	There Ho	CNT	7-3p	
Kalles Mark	Estra n		*	0
PUND TURNER	R Jumes (PM	16.00	Land	D
Eyrn Thence Krystal Horlins	Kuphel Helly J	pn 8-	3	

Name: _____

	Date:
ü	Sufficient Staffing Ratio Questionnaire
assist in making v	dding residents' preference for bed time to the Tech Care Plan will our routine and assignment more consistent and manageable? (Times based on every resident's preference with a 30 minute window either No, if No please explain
After the in-service and fellow CNAs manageable?	te on receiving shower time/call light assistance from the charge nurse do you feel this will assist in making your routine and assignment more
(1) resulting	No, if No please explain

Resident Council Call Bell Improvement Group Minutes

Residents in Attendance:
Sneed L, Herring P, Thomas M
This meeting is facilitated by: Harris L, ladmin King S, (DON)
The minutes are recorded by: Carle m (act Din)
The minutes are recorded by: Carle m (act Dir) Changes to how callbells are answered were implemented 3/19/18
How have call bells been in the past month? (week since changes)
Sneed " clt has locen a little loctter, there have locen more
have more than 12-14 risidents to care fort
channel channel chan
Have you been getting to bed during your preferred time? (bast week since chan
Thomas "Last night was good, I ask to go to bed
between 709, last night 3 people, put me to local by 7"
Herring- "There are still improvement to make, I like to
go to lock locturen 8+9, wednesday night it was 9."
Any other questions/comments/concerns regarding call bells?
Herring-"Still seems a little more difficult to get
call lights answered during shift change"
Sneed- "Sophia is a wonderful tech always goes above ?
0.41 - 0.11
Toromas "Katie is also a great tech, I love having her"

Resident:	
Date:	
Resident Satisfaction Survey	
POC 2018	
) Do you think that call light response times have improved?	
YesNo, If No, please explain	
Have you been assisted to bed at the time you prefer?	×
Yes No, If No, please explain	

CALL LIGHT STUDY AUDIT QAPI/POC 2018

DATE	UNIT	TIME	CALL	CALL	RESIDENT SATISFACTION
			LIGHT ON	LIGHT OFF	
3.19.18	2 rol Flour	0700 AV	0712AM	0716 AM	1 needs met.
3.19.18	3rd car	0745 AM	0755	0813	(+ Isahsyed
3.19.18	442 FROM	12:21 pm	12:27pm	12:32pm	(t) I needs met.
3.19.18	CAR Gus	1:15pm	123pm	1:27pm	Satistred.
3.19-18	and for	3:02pm	3:080m	3:13pm	needs met.
3.19.18	3rd now	3:470m	3:53pm	3:59 pm	Socistied inerdsmet
2.19-18	UHS Flow	4.13pm	4:27pm	4:34 pm	1 neas wet.
3.19-18	an his	5: 10pm	5:210m	5:28 pm	satisfied I needs me
3.19.18	2nd Har	8:20pm	8:21pm	8:26pm	1 ineas med.
3.19.18	3rd Gun	9:000m	9:04pm	9:11pm	needs met.
3. 19.18	44 pm	940pm	9:4Bpm	9:52 pm	a neves met.
3.19.18	Sals Elow	10: 00pm	10:130m	10:19pm	@ needs med.
3.20.18	and plan	5:45AM	5:49 Am	5.54 pm	@ needs me ?.
3.20.18	3rd HOW	6:00Am	6:03 AM	6:08mm	P Katisfied.
3.2018	yes How	6:15 mm	6:17 AM	6:23 Am	a Inteds and.
3.71.18	5th Flow	6:30AM	6:34 AM	6: 40 An	Satisfied
3. 70.18	and sour	2:50pm	5:67pm	3:13 pm	weeds met
3. 20.18	3rd Char	4:00m	4: 11pm	4: 16pm	Satisfied
3. 70.19	445 ann	4: 23pm	4:37pm	4:44 m	needs met.
3.20.18	543 Fbu	510pm	5 Hom	5.26pm	new met satisfice
320.18	2M PW	le:530M	7:03pm	7:09pm	needs met.
3.20.18	3 vd four	8:15m	8:18pm	8:23m	Satisfeel
3.20.18	you plan	8:45m	8:53 m	8:59m	neces mid.
3.70.18	5th par	91900	a: Dm	9:23m	satspirchnoss m
3.21.18	7 nd you	12 mm	12:10AU	12:17Au	nerosmet.
3.21-18	2rd blu	1:14 Am	1) 22 Am	12 ZleAw	neus med.
3.21.18	with how	1:40 pm	1: 49 pm	1:56Am	Satofied.
3-21-18	Som was	2:30 AM	2:47mm	2:5 MM	satisfed news no
3.21.18	2 nd Khar	10:15 pm	10:21AM	10:23 mm	Drieus mel.

CALL LIGHT STUDY AUDIT QAPI/POC 2018

DATE	UNIT	TIME	CALL	CALL	RESIDENT
			LIGHT ON	LIGHT OFF	SATISFACTION
3-21.18	3°d	11:10pm	11:13 Am	11:17Am	needs met (1)
3.21.18	you	1220pm	1:32 pm	1:40 pm	@ 1 setisfied
3-21-18	2 mg	210 pm	7:130m	2:190m	P. Isutispial -
3.21.18	2 mg	8:40pm	3:47pm	3.55pm	(4) SISTISTIPOL.
3.21.18	3101	4:15m	U.Zlepm	3:55 pm 4:28pm	A Isutispied
3.21.18	40	bom	6:13pm	6:18m	neras mities
3.21.18	512	4.55 m	7:11m	7:18 pm	() sud syred,
3.72.18	2nd Floor	MOOAU	11:00 AM	11:03AM	Satisfied. I good. Sotwifted/need neet
3.22.18	3rd Acur	11:26AM	11:27 Mm	11:28AM	setwifted/ naed neet
3.22.18	4th Fhor	11:07 mm	MAM	11)15AM	Sutstied/need med
3.22.18	5th Flour	11:20 AM	11:20mm	11:22 AM	Sutspied/need med
3.22.10	2nd Flour				' '
3.22.18	3rd Flow				
3.22-13	4th Floor				
3.22 18	5th Floor				
3.22.18	2 Floor				
3.22-18	3 From				
3.22/18	4 Floor				
3.22.18	5 Plow				
		1			

* to be completed tought

SUMMARY REPORT OF MEETING

Trevecça Health Care Center

Type of Meeting:	Inservice	Department	Committee	Other:	
Presented By:	Jurginia I	Credenti	alsDate	: 3-19-18	_ Time: <u>10'</u> 50Am
Method of Present	ation: Lecti	Demo	nstration	Film	Handout
Subject(s) Covered Weeply Schoolule	Fan Clen s. Propo	ring as	od Mo	nthly Fo	an Cleaning
Participant's Reacti Stated H	ion: all hi hey und	Summary and	ns and Pricedu Conclusion:	l Floor ne for c	techo
		Attendance	Record		

YOU MUST PRINT YOUR FIRST AND LAST NAME FOR CREDIT OF INSERVICE!

Shift	<u>Title</u>	SigNED First and Last Name	PRINTED First and Last Name
154,	HKP	Degre State	(Acoram States
15+	HKP	& Openin	Sheirlot Gardner
137	FLOUR TEC	West live	LICK FLENOUL,
157	1158	ally Hel	sittenny Itill
PA	421	Carlo II	La Faile Hygres
12-5	11-7/5	6 7011	CITILIDAY CATE TOLLOC
15+	HSK	Buttany factor	Dritting Harris
15t	HSK	Mary Kigley	Marcus Rilley
TSF	HSK	marticle strong	Marticle Turny
124	HSKp	Shan vari	Sharon Earlas
			
-			

Fan Cleaning Schedule

Date	Rooms	Fan - Yes/No?	Cleaned
3/19/2018	I 1A		T
	1B		
	2A		
	2B		
	ЗА		
	3B		
	4A		
	4B		
	5A	1	
	5B		İ
	6A		
	6B		
	7A		
	7B		
3/20/2018	8A		
	8B		
	9A		
	9B		
	10A		
	10B		
	11A		
	11B		Α
	12A		
	12B		
	13A		
	13B		
	14A		
	14B		
/21/2018 1	L5A		
1	L5B		

Date	Rooms	Fan - Yes/No?	Cleaned
	16A		
	16B		
	17A		
	17B		
	18		
	19A		
	19B		
3/22/2018	20		
	21A		
	21B		
	22		
	23A		
	23B		
	24		
	25A		
	25B		
	26A		
	26B		
3/23/2018	27A		
	27B		
	28A		
	28B		
	29A		
	29B		
	30A		
	30B		
	31A		
	31B		
	32A		
	32B		

WEEKLY FAN CLEANING

All floors will do weekly fan cleaning until all fans have been cleaned and meet requirements for cleaning. Any new fans that are brought into the facility with New Admissions will be cleaned upon admission. All staff will be In-serviced on proper cleaning of fans. Any fans that need to be taken apart will be taken to maintenance and then clean with the air tank. All fans will then be placed on a monthly Fan Cleaning Schedule.

PRINTED: 03/15/2018 FORM APPROVED DEPARTMENT OF HEALTH AND HUMAN SERVICES OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION (X1) PROVIDER/SUPPLIER/CLIA STATEMENT OF DEFICIENCIES COMPLETED IDENTIFICATION NUMBER: AND PLAN OF CORRECTION A. BUILDING 03/14/2018 B. WING OCH 445112 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 329 MURFREESBORO RD TREVECCA CENTER FOR REHABILITATION AND HEALING LLC NASHVILLE, TN 37210 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION SUMMARY STATEMENT OF DEFICIENCIES (EACH CORRECTIVE ACTION SHOULD BE (X4) ID PREFIX (EACH DEFICIENCY MUST BE PRECEDED BY FULL DATE CROSS-REFERENCED TO THE APPROPRIATE PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG TAG DEFICIENCY) F 000 F 000 INITIAL COMMENTS A recertification survey and complaint investigation #43566 were completed on 3/12/18 to 3/14/18 at Trevecca Center for Rehabilitation and Healing, LLC. No deficiencies were cited related to the complaint investigation. Deficiencies were cited for the recertification survey under 42 CFR PART 483, Requirements for Long Term Care Facilities. F 725 F725 4-10-2018 Sufficient Nursing Staff F 725 Staffing patterns and job responsibilities CFR(s): 483.35(a)(1)(2) SS=D for 5th floor CNAs were reviewed. In review of staffing there were 2 LPNs and 4 §483.35(a) Sufficient Staff. The facility must have sufficient nursing staff with CNAs on the 7pm-11pm shift which is a the appropriate competencies and skills sets to 9.33:1 ratio. provide nursing and related services to assure Reviewed the tech care plans; Residents resident safety and attain or maintain the highest were interviewed to determine the time practicable physical, mental, and psychosocial they prefer to be assisted to bed to ensure well-being of each resident, as determined by time management and availably of staff resident assessments and individual plans of care and considering the number, acuity and during this time. All times have been diagnoses of the facility's resident population in added to the tech care plan and accordance with the facility assessment required assignment sheet. (See attached example – at \$483.70(e). Attachment #1) In-services began on this change 03/20/18 thru 03/31/18. (see §483.35(a)(1) The facility must provide services attached in-service - Attachment #2) by sufficient numbers of each of the following types of personnel on a 24-hour basis to provide Reviewed CNAs' process on shower time nursing care to all residents in accordance with management and call light coverage; revised the process which now includes resident care plans: (i) Except when waived under paragraph (e) of that each CNA will notify the charge nurse this section, licensed nurses; and when a shower is being given. The in-(ii) Other nursing personnel, including but not service also includes each CNA assisting limited to nurse aides. each other with call lights. In-services §483.35(a)(2) Except when waived under began on 03/20/18 thru 03/31/18. (See

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

paragraph (e) of this section, the facility must

designate a licensed nurse to serve as a charge

almure 84 ayor

attached in-service - Attachment #3)

3.28.18

(X6) DATE

Continue on page 2

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

la 2

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

CENTE	RS FOR MEDICARE	& MEDICAID SERVICES				(X3) DATE	SURVEY
STATEMENT	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	1		E CONSTRUCTION		PLETED
		445112	B. WING			03/1	4/2018
	PROVIDER OR SUPPLIER	HABILITATION AND HEALING LL	.c	32	TREET ADDRESS, CITY, STATE, ZIP CODE 29 MURFREESBORO RD ASHVILLE, TN 37210		
(X4) ID PREFIX TAG	SUMMARY STA	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREF TAG	ıx	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROP DEFICIENCY)	DBE	(X5) COMPLETION DATE
F 725	Continued From particles on each tour This REQUIREMENT by: Based on review of and interview, the fastificient staffing to practicable physical well-being of each of (5th) of 4 floors review of the revealed 4 Certified scheduled for the 756 residents on the Medical record review of the revealed 4 Certified scheduled for the 756 residents on the Medical record review of the Residents on the Interview with Residents of 15 required total 1 per Interview with Residents of 13/15, (coperson assistance interview with Residents of 13/15,	ge 1 of duty. NT is not met as evidenced If the facility staffing schedules acility failed to provide attain or maintain the highest I, mental and psychosocial resident on 3/11/18 for 1 floor lewed. The facility staffing for 3/11/18 If Nurse Aides (CNAs) were 1:00 PM to 11:00 PM shift with 5th floor. The work of the Quarterly Minimum ted 1/9/18 revealed Resident erview for Mental Status 1/15, (cognitively intact), and son assistance for toileting. The most answering the call minutes to answer and I can't relif" The work of the Quarterly MDS and Resident #54 had a BIMS gritively intact), and required 2 for bed mobility and transfers. The most staffing for 3/11/18 between 1/15 for wait to be put in bedI		725	Continued from Follow up staff interviews are being conducted to ensure the above charwill assist in making their routine a assignment more consistent and manageable. At time of POC subminterviews reveal 11 of 11 5th floor members answered "yes" to the systematic changes assisting in making their reand assignment more consistent and manageable. Interviews began on 0 thru 03/31/18. (See attached Questionnaire with summary result Attachment #4) A resident council meeting was conducted 03/23/18 to assist in ide other residents that may be affected ensure the residents are in agreement the systematic changes in ensuring sufficient nursing staff are available their care. (See attached Council management Team will conduct unannounced individual resident interviews and rounds beginning to assist in identifying other reside may be affected and ensure compliant to the interviews will continue week will be reported by the Director of Nursing to the QAPI Committee beginning with the next scheduled meeting April 10, 2018.	nges and sission, staff tematic outine ad sission, staff tematic and entifying d and ent with entitying d and ent with entitying d and ent with entity and sission staff tematic outine ad sission, staff tematic outine ad sission, staff tematic outine ad sission sissi	
	usually go to bed be	etween 8:00 PM - 9:00 PM but		_			et Page 2 of 5

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/15/2018 FORM APPROVED OMB NO. 0938-0391 (X3) DATE SURVEY

STATEMENT AND PLAN (OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(x2) MULTIPLE CONSTRUCTION A. BUILDING		COMP	PLETED	
		445112	B. WING			03/1	4/2018
	PROVIDER OR SUPPLIER	HABILITATION AND HEALING LL	.c	32	TREET ADDRESS, CITY, STATE, ZIP CODE 29 MURFREESBORO RD ASHVILLE, TN 37210		
(X4) ID PREFIX TAG	/EACH DEFICIENCS	ATEMENT OF DEFICIENCIES Y MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD CROSS-REFERENCED TO THE APPROPE DEFICIENCY)	BE	(X5) COMPLETION DATE
F 725	PM - 11:00 PM" Medical record reviadmitted to the factor 2/20/18 with dia Obstructive Pulmor Arthritis, Spinal Steunspecified Ankle a Disorder and Anxie Medical record revia BIMS score of 13 resident needed exfor bed mobility, to for transfer. Interview with Resi in the resident's roon to get to bed until tech (CNA) she han needed same care 9:00 PM-9:30 PM Interview with CNA the 5th floor reveal shift for the week-eif they are giving shresidents then the are finished to get of the standard to get on the standard they the 7:00 PM -11:00 revealed on 3/11/18 shift Resident #5 has beed because CN	iew revealed Resident #5 was lity on 3/20/15 and readmitted gnoses including Chronic hary Disease, Rheumatoid enosis, Contracture of and Hand, Major Depressive ty. Iew revealed Resident #5 had a (cognitively intact). The stensive assist with 1 person all dependent with 2 persons dent #5 on 3/12/18 at 2:48 PM om revealed "last night I did 11:00 PM and was told by the d many other people that I didI normally get to bed "" #3 on 3/14/18 at 6:00 PM on ed they had 4 CNAs on each end. Further interview revealed nowers or taking care of other residents had to wait until they care. #2 on 3/14/18 at 5:45 PM on ed she worked this past had 4 CNAs on the floor for PM shift. Further interview on the 7:00 PM-11:00 PM and to wait 45 minutes to be put IA#2 and another CNA were		725	Continued from The Director of Nursing will continued from After three months of reporting, the QAPI Committee will determine the reporting frequency thereafter. (See attached sample interview – Attache #6) The Director of Nursing and Administrator will conduct addition Resident Council Meetings beginnin 03/23/18 to ensure compliance. The Council Meetings will continue Sem Monthly and will be reported by the Director of Nursing to the QAPI Committee beginning with the next scheduled meeting April 10, 2018. Director of Nursing will continue reporting for two additional month After three months of reporting, the QAPI Committee will determine the reporting frequency thereafter. (Attachment #5) The Director of Nursing and the Nu Management Team will conduct castudies beginning 03/19/18 to ensure compliance. The studies will continue reported by the Director of Nursing to the QAPI Committee beginning with the next scheduled meeting April 10, 2018. Director of Nursing to the QAPI Committee beginning with the next scheduled meeting April 10, 2018. Director of Nursing will continue reporting for two additional month Continue on the Continue of the Continue of Nursing will continue reporting for two additional month Continue on C	ue s. e e e ment nal ng e ni-e t The s. e e t The tre tre tue t The	
	assisting 2 other re	sidents at the time and		-			et Page 3 of 5

DEPARTMENT OF HEALTH AND HUMAN SERVICES CENTERS FOR MEDICARE & MEDICAID SERVICES

STATEMENT AND PLAN C	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:			E SURVEY PLETED	
		445112	B. WING_		03/	14/2018
NAME OF	PROVIDER OR SUPPLIER	445112	— - i	STREET ADDRESS, CITY, STATE, ZIP CODE	and in	
		HABILITATION AND HEALING LL	С	329 MURFREESBORO RD NASHVILLE, TN 37210	<u> </u>	
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOUL CROSS-REFERENCED TO THE APPROI DEFICIENCY)	DBE	(X5) COMPLETION DATE
F 725 F 921 SS=D	Continued From pare couldn't put her to be Continued interview to wait 45 minutes the failed to provide addressed of the reside Safe/Functional/Sat CFR(s): 483.90(i) §483.90(i) Other Error The facility must present the facility must present the facility must present the facility of the facility period of the facility environment for 1 of floor. Findings include: Review of the facility environment for 1 of floor. Findings include: Review of the facility environmental equitouched surfaces and Observation on 3/12 Resident # 5 reveal side table in operation revealed in pobservation of harmonic processed in pobservation of harmonic mental to the facility of the facility standard precaution revealed in pobservation revealed accumulation of harmonic floor.	ge 3 bed as she requested. If confirmed Resident #5 had to be put to bed and the facility equate staffing to meet the int. Initary/Comfortable Environ Invironmental Conditions by the environment of the public. In it is not met as evidenced by failed to maintain a clean of 5 observed fans on the 5th If y policy "Infection Control ins" effective date 11/1/07 mental ControlEnsure that ipment and other frequently re appropriately cleaned" If at 3:12 PM in the room of ed a table top fan on the bed for and directed at the fower wheelchair. Further ind the fan grate had a heavy inging debris.	F 72	Continued from 25 After three months of reporting, the QAPI Committee will determine to reporting frequency thereafter. (Southed call light study form – Attachment #7)	he h	4/10/18
	3/12/18 at 3:19 PM	tant Director of Nursing #2 on in Resident #5's room was dirty" and was directed		Compliance 4/10/18		

DEPARTMENT OF HEALTH AND HUMAN SERVICES

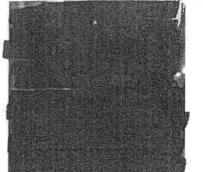
FORM APPROVED OMB NO. 0938-0391 CENTERS FOR MEDICARE & MEDICAID SERVICES (X3) DATE SURVEY (X2) MULTIPLE CONSTRUCTION STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION (X1) PROVIDER/SUPPLIER/CLIA COMPLETED IDENTIFICATION NUMBER: A. BUILDING_ 03/14/2018 B. WING 445112 STREET ADDRESS, CITY, STATE, ZIP CODE NAME OF PROVIDER OR SUPPLIER 329 MURFREESBORO RD TREVECCA CENTER FOR REHABILITATION AND HEALING LLC NASHVILLE, TN 37210 PROVIDER'S PLAN OF CORRECTION (X5) COMPLETION DATE SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE (D (X4) ID PREFIX PREFIX REGULATORY OR LSC IDENTIFYING INFORMATION) TAG DEFICIENCY) TAG

PRINTED: 03/15/2018

TECH CARE PLAN NAM

NAME:





RESTRAINTS/SUPPORTIVE DEVICE: (View entire order in ECS)

RESTRAINT ALTERNATIVE: (B) rear anti tippers on wheelchair SUPPORTIVE/POSITIONING DEVICE: when in wheelchair

	LAUNDRY:	OXYGEN REQUIREMENTS: (Will only print if ordered)
	Facility	
TRANSFERS/MOBILITY:	Requires one to two aide assist for	4
RESIDENT TRANSFER INSTRUCTIONS:	transfers, Stand up lift w/verbal cues	BATHING PREFERENCE:
mornos none.	to stand on L LE	Shower: M, W, F 11-7
AMBULATION:	Nonambulatory	
MOBILITY:	Wheelchair Footrest used for safety	Bed Bath: T, TH, S 11-7
SPECIAL INSTRUCTIONS:	Footrest used for transportation See picture/diagram for placement of	BATHING SPECIAL INSTRUCTIONS:
SPECIAL INSTRUCTIONS.	stump shrinker	Use personal soap/body wash for bathing
		no preference for duration
		THE STATE OF THE S
PREFERENCE OF MEAL L	OCATION/TIMES:	PREVENTATIVE/PROTECTION:
B Dinning Room / 7:05am		
L Dinning Room / 11:30am		
S Dinning Room / 5:10pm		
DIET/SUPPLEMENTS/FLUI	ID RESTRICTION:	Encourage use of: ROHO Cushion when oob in w/c
DIET: - NCS Double eggs @ brkfs		Monitor, Turn and Reposition q 2 hours for pressure reduction.
A STATE OF THE STA		Nursing to encourage elevation of heels on pillows while in bed
		Dycem in: Wheelchair
SWALLOWING RECOMME	NDATIONS:	SPECIAL REQUESTS:
		early a.m. get up, bed 7:30 pm-8:00 pm, may wear briefs in the bed
ä ‡		
COMMNICATION RECOM	MENDATIONS:	
COMMINIOATION RESOUR		
		bingo, religious activities, community outings, evening activities,
FOOD ALLERGIES:		exercise, and entertainment
		TARGETED BEHAVIORS/REDIRECTION TECH:
		TARGETED BEHAVIORS/REDIRECTION TEST
ELIMINATION: TOILETING SCHEDULE: PROMPT	ED TOIL ETING	1
TOILETING SCHEDULE. PROMIT	EB TOLETING	
VISION/HEARING/DENTAL	:	
Vision: Vision adequate	e prior to admission Wears glasses	
000000000000000000000000000000000000000	Non-ph.	
Hearing HEARING: No problems	nearing	

Upper dentures Lower dentures both

Teeth TEETH:

SUMMARY REPORT OF MEETING

Treve	cca Health Care Center		
Type of Meeting: Inservice Presented By: Knystal Hothas Mothad of Presentation: Lectur	Department Committee Othe Standani & Date: 8/2 Ring Credentials Date: Film	20/18 TH	ne:
the special reques	ted inside the resident times are now protecting the Care according to the Care is provided bed that request shows.	shower o (are	Plans
	Summary and Continue		
YOU MUST PRINT YO	Attendance Record UR FIRST AND LAST NAME FOR CRED	T OF INSERVE	Œ:
	SIGNED First and Last Name	Title	Shift
PRINTED First and Last Name	Stephen Pust and	CNI	
Mengan Septembries Guinera Hamphries Anterior Lillard	Lamena the my have	CNT	1-3 -1-3 -1-3 -1-3 -3-11
Law Birdinge	The interior	Valt	70-30
Karfney wasm	Migray Cons	CNA	70.30

ZPN

Ryun Tucher Marsal, Ester Krupter Hollins

SUMMARY REPORT OF MEETING

Trevecca Health Care Center

Type of Meeting: Presented By: Kry Method of Presenta Subject(s) Covered:	tion: Lecture	Stephanie King Credentials Demonst	Date:	2	Hancourt OF AL ALTSES WER CARE Lights 4	3
at the t	needs of	they can	a teary	Staff W	lights of lights of lights of lights of care took	S Coane
	J MUST PRINT YOU	Attendance IR FIRST AND LAS SIGNED First		REDIT OF INSER	Shift 7-3	
Marie Ly Kinesia St	Charden Nuveringen Charles Water Water Canada Emar Emar	James Commerce of	Machine Market Mar	CNT CNT CNT CNT	70-70 70-70 110-70	0

Name: _____

	Date:
	Sufficient Staffing Ratio Questionnaire
assist in makir	at adding residents' preference for bed time to the Tech Care Plan will ag your routine and assignment more consistent and manageable? (Times ed based on every resident's preference with a 30 minute window either No, if No please explain
2) After the in-se and fellow CN manageable?	rvice on receiving shower time/call light assistance from the charge nurse (As do you feel this will assist in making your routine and assignment more
Yes	No, if No please explain

Resident Council Call Bell Improvement Group Minutes

Residents in Attendance:
Sneed L. Herring P. Thomas M
This meeting is facilitated by: Harris L, ladmin King S, (DON)
The minutes are recorded by: Carle m (act Dir)
changes to how callells are answered were implemented 3/19/18
How have call bells been in the past month? (week since changes)
Sneed " clt has locen a lettle loctter, there have locen more
have more than 12-14 residents to care fort
the state of the since change
Have you been getting to bed during your preferred time? (sast week since change The week since change and the first since change and the first since change and the first since change are the first since change and the first since change are the first since chang
Thomas "Last night was good, I ask to go to bed
between 709, last night 3 people put me to local by 7"
Herring- "There are still improvement to make, I like to
go to loed between 8+9, wednesday night it was 9."
Any other questions/comments/concerns regarding call bells?
Herring-"Still seems a little more difficult to get
call lights answered dispise shift change"
Sneed-"Sophia is a wonderful tech, always goes above ?
Thomas "Katie is also a great tech, I love having her"

	Resident: Date:	
	Resident Satisfaction Survey POC 2018	
1)	Do you think that call light response times have improved? YesNo, If No, please explain	
2)	Have you been assisted to bed at the time you prefer? Yes No, If No, please explain	÷

AHachment #7

CALL LIGHT STUDY AUDIT QAPI/POC 2018

DATE	UNIT	TIME	CALL	CALL	RESIDENT SATISFACTION
			LIGHT ON	LIGHT OFF	- 3
3.19.18	2rd Flow	0700 AV	0712AM	0716 AM	1 needs met.
3.19.18	3rd par	0745 AM	0755	0813	(+) Isahsyed
3.19-18	442 Flow	12:21 pm	12:27pm	12:32pm	(1) I needs met.
3.19.18	All.	1:15pm	1.23pm	1:27pm	Sadistred.
3.19.18	2 rul Flar	3:02pm	3:08pm	3:13pm	needs met.
3.19-18	3rd Pur	3:47pm	3:53pM	3:59pm	Sodistied Inerdsme
3.19-18	UND David	4:13pm	4: 27pm	4:34°pm	1 neas met.
3.19.18	5th Her	5:100M	5:210m	5:28 pm	satisfied I needs my
3.19.18	2nd Prov	8:Zopm	9:21pm	8:26pm	@ Ingosmut.
3.19.18	3rd Gun	9:00pm	9:04pm	9:11pm	Dinedo met.
3.19.18	UN au	940pm	9:48pm	4:52 pm	@ neves met.
3.19.18	Silve Flow	10:000m	10:13pm	10:19pm	Preeds met.
3.20.18	and flow	5: 45 AM	5:49 Am	5.54 Am	@ needs me ?.
3.20.18	3rd Flow	6:00AM	6:03AM	6:08mm	(4) Katishild.
3.2018	yers Flour	6:15 mm	6:17 AV	6:23 Am	a inteds put.
3411.18	5th flow	6:30An	6:34 AM	6: 40 An	Satisfied
3. 10.18	and pour	2:50pm	5:67pm	3:13pm	wirds met
3. 20.18	3rd Flar	4:00m	4. 11pm	4: 16 pm	Satistiad
3. 70.19	442 down	4:23m	4:37nn	4:44 m	needs met.
3.20.18	543 Flow	510pm	5 Form	5.26m	need met satisfic
3.20.18	2 M 8W	le:530m	7:03pm	7:09pm	needs met.
3.20.18	3rd four	8:15m	8:18pm	8:23m	Satisfeel
3.20.18	you you	9:45m	8:53m	B: 59m	neces med.
3.70.18	SAN BLOW	91900	a: Dim	9:23m	Satspircenous v
3.21.18	2 nd com	12 mm	12:10 AU	12:17Au	miles med.
3.21-18	3rd VW	1:14 Am	1) 22 Am	1: 26 Au	neas med.
3.21.18	CITY WWW	1:40 pm	1: 49 pm	1:56 Am	satofied.
3-21-18	Som chil	2:30 Am	2:47mm	2:51 AM	satisfied news ne
3.21.18	2 nd Flor	10:15Am	10:21 AM	10:23 mm	Anieus mel.

CALL LIGHT STUDY AUDIT QAPI/POC 2018

DATE	UNIT	TIME	CALL	CALL	RESIDENT
			LIGHT ON	LIGHT OFF	SATISFACTION
3-21.18	3rd	11:10pm	11:13 Apr	11:17gm	needs must 19
3.21.18	1 h	1:200 M	1:320U	1:40 pm	@ 1 setisfied
3-21-18	2nd	1:20pm 210pm 3:40pm	2:13pm	2:190m	(4) Sectisical -
3.21.18	2nd	8:40pm	3:47pm	3755pm	(R) SISTISTICOL.
3.21.18	310	4:15m	U.Zlenn	3:55 pm	A Isationed
3.21.18	42	bom	10:13pm	6:18m	neras metre
3.21.18	512	60m	7:11m	7:18 pm	(4) sutofuld,
3.22.18	2nd Flour	11.00AU	11:00 AM	11:03AM	Satisfied. I good.
3.22.18	3rd Acur	11:26AM	11:27 Man	11:28 AM	Sotwilled was of west.
3.72.18	19th Fhor	11:07 mm	MIMAM	11)15AM	sotisyed / good.
2.22.18	5th Flour	11:20 AM	11:-20mm	11:22AM	sotistied/need med.
3.22-18	2nd Flour				
3.2218	3rd Flow				
3.22-13	44= Floor				
3.22 18	5th Fbor				
3.22.18	2 Floor				
3.22-18	3 Goor				
3.72/18	4 Floor				
3.22.18	5 Plour				

* to be completed tought

AHachment #9

SUMMARY REPORT OF MEETING

Trevecca Health Care Center

Type of Meeting:	Inservice	Department	Committee	Other:	
Presented By:	Jurginia D	Credentia	alsDate	: 3-19-18	Time: <u>10:</u> 50Am
Method of Present	tation: Lectu	Demo	nstration	Film	Handout
Subject(s) Covered Weeker Schoolule	fan Clen s. Prope	ring as	o Cles	onthly Forms	an Clarins
Participant's React Steved +	ion: all ho erey und	summary and	ng and Presedu Conclusion:	y Floor ne for c	techo lerning
X-2-1-1		Attendance	Record		

YOU MUST PRINT YOUR FIRST AND LAST NAME FOR CREDIT OF INSERVICE!

PRINTED First and Last Name	, SIGNED First and Last Name	Title	Shift
(georgia Staten	Dem State	HEP	164,
Sherrlet Gardner	& Openin	HKP	15+
KICK FIRNOW,	Wit Henry	Flour Icc	137
sitisting Itill	ally Hell	115K	137
he dark there	Carlo II	1501	1961
Courses rouse	6 1011	14-7/5	1-7
Driffon Hovers	Distant divin	HSK	151
Marcus Killer	Frances Knolly	HSE	15t
Marticle Turny	Martiche Jurgel	HSK	TSF
Sharon Earles	Shan valo	HSKp	1 24
	1 320		

Fan Cleaning Schedule

Date	Rooms	Fan - Yes/No?	Cleaned
3/19/2018	3 1A		
	1B		i i
	2A		
	2B		
	3A		
	3B		
	4A		
	4B		
	5A		
	5B		
	6A		
	6B		
	7A		
	7B		
3/20/2018	8A		
	8B		
	9A		
	9В		
	10A		
	10B		
	11A		
	11B	l .	
	12A		
	12B		
	13A		
	13B		
	14A		
	14B		
/21/2018	15A		
	15B		

Date	Rooms	Fan - Yes/No?	Cleaned
	16A		
	16B		
	17A		
	17B		
	18		
	19A		
	19B		
3/22/2018	20		
	21A		
	21B		
	22		
	23A		
	23B		
	24		
	25A		
	25B		
	26A		
	26B		
3/23/2018	27A		
	27B		
	28A		
	28B		
	29A		
	29B		
	30A		
	30B		
	31A		
	31B		
	32A	1	
	32B		

WEEKLY FAN CLEANING .

All floors will do weekly fan cleaning until all fans have been cleaned and meet requirements for cleaning. Any new fans that are brought into the facility with New Admissions will be cleaned upon admission. All staff will be In-serviced on proper cleaning of fans. Any fans that need to be taken apart will be taken to maintenance and then clean with the air tank. All fans will then be placed on a monthly Fan Cleaning Schedule.

DEPARTMENT OF HEALTH AND HUMAN VICES CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 03/15/2018 FORM APPROVED OMB NO. 0938-0391

	OF DEFICIENCIES OF CORRECTION	(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) MULTIPLE CONSTRUCTION A. BUILDING		(.	(X3) DATE SURVEY COMPLETED	
		445112	B, WING			03/1	14/2018
1	PROVIDER OR SUPPLIER CA CENTER FOR RE	HABILITATION AND HEALING LL	.c	STREET ADDRESS, CITY, STATE, ZIP 329 MURFREESBORO RD NASHVILLE, TN 37210	CODE		
(X4) ID PREFIX TAG	(EACH DEFICIENCY	TEMENT OF DEFICIENCIES / MUST BE PRECEDED BY FULL SC IDENTIFYING INFORMATION)	ID PREFI TAG		N SHOULD E E APPROPRI	3E	(X5) COMPLETION DATE
E 000	completed 3/12/18 for Rehabilitation ar	paredness survey was to 3/14/18 at Trevecca Center nd Healing, LLC. No ited under FED-E-1.00.	EC	000			
LABORATORY	DIRECTOR'S OR PROVID	ER/SUPPLIER REPRESENTATIVE'S SIGN	NATURE	TITLE			(X6) DATE

Any deficiency statement ending with an asterisk (*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

Facility ID: TN1928